

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

1 (Pages 1 to 4)

<p>1 NATIONAL PARK SERVICE</p> <p>2</p> <p>3 -----+</p> <p>4 MEDICAL STANDARDS BOARD +</p> <p>5 IN RE: DAVID "ANDY" ATKINS, PARK RANGER (LE) +</p> <p>6 NATCHEZ TRACE PARKWAY +</p> <p>7 -----+</p> <p>8</p> <p>9 HEARING</p> <p>10 APPEAL/WAIVER REVIEW</p> <p>11 National Park Service</p> <p>12 Washington, D.C.</p> <p>13 Monday, April 25, 2005</p> <p>14 9:55 A.M.</p> <p>15</p> <p>16</p> <p>17</p> <p>18 Job No.: 1-54387</p> <p>19 Pages: 1 - 70</p> <p>20 Reported by: Denice Lombard</p> <p>21 Certified Shorthand Reporter</p> <p>22</p>	<p>1 APPEARANCES</p> <p>2 WITNESSES TO THE BOARD</p> <p>3 David "Andy" Atkins, Park Ranger (LE)</p> <p>4 Natchez Trace Parkway</p> <p>5</p> <p>6 PANEL MEMBERS PRESENT</p> <p>7 Voting Board Members:</p> <p>8 Pat Buccello, Chief, Division of Health</p> <p>9 and Fitness, WASO; National Special</p> <p>10 Agent-in-Charge</p> <p>11 David Davies, NPS, WASO Employee Relations</p> <p>12 Program Manager, WASO and Board Chair.</p> <p>13 Dennis Burnett, NPS, WASO Law Enforcement</p> <p>14 Administrator, Law Enforcement and Emergency</p> <p>15 Services</p> <p>16 Richard Powell, NPS, WASO Chief, Division of</p> <p>17 Risk Management</p> <p>18 Don Coelho, NPS, WASO Chief, Law Enforcement</p> <p>19 And Emergency Services</p> <p>20</p> <p>21 ORIGINAL</p> <p>22</p>
<p>1 Medical Standards Board Hearing held at the</p> <p>2 offices of:</p> <p>3 National Park Service</p> <p>4 Health and Fitness Division</p> <p>5 1201 Eye Street, N.W.</p> <p>6 Washington, D.C. 20005</p> <p>7 (202) 513-7098</p> <p>8</p> <p>9</p> <p>10</p> <p>11 Before Denice Lombard, Certified Shorthand</p> <p>12 Reporter and Notary Public for the District of</p> <p>13 Columbia.</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	<p>1 APPEARANCES, continued</p> <p>2 PANEL MEMBERS PRESENT</p> <p>3 Non-voting Advisors To the Board:</p> <p>4 Tammy Keller, Acting Medical Standards</p> <p>5 Program Manager</p> <p>6 Philip Spottswood, Program Manager, Federal</p> <p>7 Law Enforcement Medical Programs, Office of</p> <p>8 Personnel Management, Washington, D.C.</p> <p>9 Larry Saladino, M.D., Comprehensive Health</p> <p>10 Services, Vienna, Virginia</p> <p>11 Sonya Rowe, Medical Standards Program</p> <p>12 Analyst, WASO</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19 000853</p> <p>20</p> <p>21</p> <p>22</p>

EXHIBIT "8"

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

2 (Pages 5 to 8)

<p>1 (Introductions were conducted.) 2 PROCEEDINGS 3 MR. DAVIES: This is a meeting of the 4 National Park Service Medical Standards Board hearing 5 the appeal and waiver review of Andy Atkins. I'm 6 David Davies, Chair of the Board, and I am supervisory 7 personnel management specialist and the chief of Labor 8 and Employee Relations for the Park Service. We'll go 9 around the room and introduce ourselves, all the Board 10 members and others. 11 MS. KELLER: Andy, I'm Tammy Keller. We 12 spoke on the phone. 13 MR. ATKINS: Yes. 14 MS. KELLER: I'm the acting Medical Standards 15 program manager. 16 MS. BUCCELLO: I'm Pat Buccello, and I'm also 17 now a voting Board member. 18 MR. POWELL: Dick Powell, Chief of Risk 19 Management and a voting Board member. 20 MR. COELHO: Don Coelho, Chief of Law 21 Enforcement and Security Emergency Services, a voting 22 Board member.</p>	<p>1 MS. KELLER: Yeah, and the reason, as I 2 explained to the Board prior to your coming in, that 3 we brought you here today was to review the waiver 4 renewal as you requested to see if we could grant you 5 a waiver. 6 And in doing so there are gaps of information 7 missing. And we contacted you over a long period of 8 time to get that information, even prior to my arrival 9 here. 10 And once we started to obtain that 11 information we saw some low blood-sugar readings. I 12 recommended that you be put on restricted or light 13 duty, which you are now. 14 And so we wanted to try to fill in those gaps 15 of information, get a better understanding of where 16 you are on your control of your diabetes at this 17 time -- 18 MR. ATKINS: Okay. 19 MS. KELLER: -- and have you again just 20 provide us information and look at your waiver 21 compliance with respect to exercise and how well 22 you've been doing that, your weight control and just</p>
<p>1 DR. SALADINO: Larry Saladino, Medical Review 2 Officer, physician, non-voting. 3 MR. BURNETT: I'm Dennis Burnett. I'm a Park 4 Service law enforcement administrator, and I'm a 5 voting member. 6 MR. SPOTTSWOOD: Phil Spottswood of OPM, 7 Medical Policy and Programs, non voting. 8 MS. BUCCELLO: And you've already met Sonya 9 in the back. 10 MS. ROWE: Hi. 11 MR. DAVIES: This is your opportunity to 12 present your case as you see fit. 13 MR. ATKINS: Okay. Just tell my story 14 basically like I did last time? 15 MS. BUCCELLO: Well, maybe we should be sure 16 that you understand what the issue is today, Andy. 17 MR. ATKINS: Okay. 18 MS. BUCCELLO: Do you know why you're here 19 today? 20 MR. ATKINS: Basically from the 21 correspondence I've received from your office and the 22 doctor's office regarding my diabetes.</p>	<p>1 overall control. 2 MR. ATKINS: Sure. Okay. 3 MS. KELLER: So now maybe that gives a 4 foundation to go from. 5 MR. ATKINS: Okay. Well, first of all, I 6 need to apologize for the way I feel right now. I've 7 had bronchitis for four days, so I've been in bed 8 since I got up Friday morning, and I'm not feeling so 9 good. So if I seem to be light-headed or woozy, I've 10 been on medication now since then. But anyway... 11 First of all, thank you for letting me come 12 up here and present my case before the Board. I know 13 that I've been up here two years ago basically for the 14 same situation, and obviously I had some shortcomings 15 or didn't understand exactly what was going on, and I 16 just want to clear everything up. 17 For a brief history with my diabetes, I 18 started with the National Park Service in 1984, 19 seasonal park ranger at Chatahoochee River. I 20 graduated Memphis State University, became a full-time 21 park ranger at Chatahoochee River in 1988. 22 In 1987 I was diagnosed with diabetes. That</p>

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

3 (Pages 9 to 12)

<p>9</p> <p>1 was the winter of 1987.</p> <p>2 1988 I finished my last season with the Park</p> <p>3 Service and was picked up as a permanent ranger as a</p> <p>4 diabetic. I worked at Chatahoochee River for several</p> <p>5 years until I transferred over to Natchez Trace</p> <p>6 Parkway.</p> <p>7 I also graduated from FLETC in 1989 with no</p> <p>8 problems there either. I passed the medical stuff and</p> <p>9 everything that was there too.</p> <p>10 I've been at Natchez Trace Parkway now since</p> <p>11 1992, and I've been doing fine.</p> <p>12 I started with the insulin pump that I'm</p> <p>13 currently wearing at this time -- and I've not had any</p> <p>14 problems with it since -- back when these medical</p> <p>15 proceedings first started to assist with my control.</p> <p>16 I've had no problems with the pump at all.</p> <p>17 With regards to the waiver, there are several</p> <p>18 things that stipulate in my waiver to allow me to work</p> <p>19 with the National Park Service and being an</p> <p>20 insulin-dependent diabetic. The several things are</p> <p>21 there's several items that I have to carry such as</p> <p>22 fluids and food; my Medic Alert necklace that I never</p>	<p>11</p> <p>1 any problems with my diabetes that would have me</p> <p>2 removed from duty, removed from service, or any time</p> <p>3 lost. I've never had any situations with my diabetes</p> <p>4 that would cause me any types of problems on the job.</p> <p>5 Natchez Trace Parkway is a diverse area to</p> <p>6 work in, but it is mainly a national parkway, a</p> <p>7 highway. I do -- 99 percent of my job is road patrol.</p> <p>8 Anytime that something comes up with my insulin,</p> <p>9 something comes up with my blood sugars, I can take</p> <p>10 care of it right there on the side of the road or</p> <p>11 anywhere. I carry, like I said, fluids and food with</p> <p>12 me, so anything that might potentially happen, I feel</p> <p>13 that I'm prepared to take care of it.</p> <p>14 But as I stated, I've never had any problems,</p> <p>15 never had my -- be pulled off the job, my supervisor</p> <p>16 has never had to have me removed from the job for any</p> <p>17 type of problems.</p> <p>18 As of right now I'm still a Level 1</p> <p>19 commission ranger. I'm still doing my firearms</p> <p>20 instructor position, still doing my armorer's</p> <p>21 position. I'm red carded, fire fighter, and I've had</p> <p>22 no problem with doing any of my jobs.</p>
<p>10</p> <p>1 take off; my kit that -- this is the actual kit that I</p> <p>2 carry 24 hours a day.</p> <p>3 I call it my purse. It's got everything I</p> <p>4 need in here. It's got all of my emergency medical</p> <p>5 stuff, it's got everything that's pertaining to</p> <p>6 diabetes.</p> <p>7 With regards to my insulin pump, the system</p> <p>8 I'm on currently is a Disetronic insulin pump. I'm</p> <p>9 under the care of Dr. Sherry Martin. I've been under</p> <p>10 her care ever since I transferred to Tupelo,</p> <p>11 Mississippi. She has worked with me constantly with</p> <p>12 my control with my diabetes, and when I go in and see</p> <p>13 her, we have a discussion every time about the pump,</p> <p>14 what I need to do, increase, decrease or whatever.</p> <p>15 I've been trained on how to do everything</p> <p>16 there is to do with the pump. I can put it on, take</p> <p>17 it off, bolus my meals when I need to, do my testing,</p> <p>18 everything that needs to be done.</p> <p>19 With regards to any types of problems, in the</p> <p>20 correspondence I received this year, Dr. Martin's</p> <p>21 letter stated -- also my supervisors' letters have</p> <p>22 stated -- I've never had any problems. I've never had</p>	<p>12</p> <p>1 As far as my exercise log, I brought all the</p> <p>2 stuff you requested.</p> <p>3 MS. KELLER: Thank you.</p> <p>4 MR. ATKINS: I also brought all the</p> <p>5 information that you requested from the letter: my</p> <p>6 files from Dr. Martin, my current optometry files from</p> <p>7 Dr. Mothershed. You requested PEB; I brought that</p> <p>8 with me, and also a letter once again from my</p> <p>9 supervisor stating he's had no problem.</p> <p>10 So as of now, everything I believe that you</p> <p>11 all requested I've got updated in this folder.</p> <p>12 As I said, doing my job I don't believe I've</p> <p>13 caused any problems, caused any danger to myself or</p> <p>14 the public. Same situation as it was, like I said,</p> <p>15 three years ago. I have not had any changes since</p> <p>16 then. I'm under the same doctor's care, wearing the</p> <p>17 same pump, doing the same regimen as I was then.</p> <p>18 Like I say there was miscommunication or</p> <p>19 misunderstanding on my behalf. At that time I was</p> <p>20 working with Pat, and then I was working with Karen</p> <p>21 Newton, who I believe she was here for two years. And</p> <p>22 the miscommunication was that she was telling me to</p>

<p style="text-align: right;">13</p> <p>1 continue to do what needed to be done with my doctor 2 and with my park, if there was any problems let us 3 know, not understanding that it still needed to have 4 information mailed in. 5 That's why you haven't received anything from 6 anybody in my park -- my supervisor or my chief or 7 anybody -- because we were under the impression that's 8 the program we were supposed to be doing. But we can 9 amend that and start doing whatever we need to do. 10 But I don't know if that was my fault or 11 what. But once again, I've had no problems in those 12 two and a half, three years. Basically that's it. 13 MS. BUCCELLO: What are you doing for 14 exercise now, Andy? 15 MR. ATKINS: I have a treadmill that I'm 16 using at home in these cold months that we've been 17 having. And also our loop out at our office that we 18 use to do our pack testing on is gridded off and I'm 19 increasing my walking. 20 I got a correspondence from Tammy that she 21 didn't think that my exercise at that time was enough, 22 so I started to increase it. And with Dr. Martin's</p>	<p style="text-align: right;">15</p> <p>1 park now in quite some time. And Natchez's got about 2 25 fighters now stationed there. But no, I have not. 3 MS. BUCCELLO: Well, I'm looking at the 4 renewal that Karen Newton issued. And it states: 5 "You must participate in a regular exercise 6 program approved by your supervising 7 physician. Documentation on your exercise 8 program progress must be provided to your 9 supervisor quarterly." 10 MR. ATKINS: Right. 11 MS. BUCCELLO: So have you done that? 12 Because you haven't submitted any copies to us. 13 MR. ATKINS: Okay, I have my exercise log. 14 This is what I keep on my treadmill. And I believe I 15 mailed you all copies of the first two months of -- 16 MS. BUCCELLO: Yeah, it showed that you 17 walked 30 minutes. 18 MR. ATKINS: Yeah, it was showing that I 19 walked 30 minutes, and you all said that's not enough 20 so continue. 21 The only limitation that I have through my 22 doctor's office is weight lifting. Dr. Martin does</p>
<p style="text-align: right;">14</p> <p>1 approval, I believe you all were going to try to set 2 up a program or set up something. I'm not sure if you 3 all are going to do that through y'all or through my 4 physical fitness coordinator or what. 5 MR. DAVIES: Are there any other questions? 6 MS. BUCCELLO: Yeah, I have a couple. 7 Andy, I guess, you know, you and I have 8 talked, and I know you feel there might have been some 9 discrepancy when Karen Newton was on Board. 10 Your waiver states that you're not to 11 participate in any arduous duty while at fire 12 assignments. Have you been doing that? 13 MR. ATKINS: The only thing that I'm still on 14 restricted to is out-of-park wildland fires. 15 MS. BUCCELLO: And have you been 16 participating in out-of-park wildland fires? 17 MR. ATKINS: No, I have not. 18 MS. BUCCELLO: Have you been participating in 19 in-park wildland fires? 20 MR. ATKINS: The past two years I have not. 21 We now have a fire crew, and in fact the Law 22 Enforcement Division has not done any fires in our</p>	<p style="text-align: right;">16</p> <p>1 not like to have her patients do heavy weight lifting 2 due to eye problems, messing up your capillaries. 3 MS. BUCCELLO: So have you submitted that 4 exercise program -- have you done what this and your 5 previous waiver requested, which is participate in a 6 regular exercise program approved by your supervisor 7 and that you've documented and provided that to your 8 supervisor quarterly? 9 MR. ATKINS: Right. Kim Corpus, my 10 supervisor, I physically showed him this book when we 11 had the meeting, and I had it with me. So he -- 12 MS. BUCCELLO: When you had what meeting? 13 MR. ATKINS: When we had the conference call 14 with you. 15 MS. BUCCELLO: The very recent meeting that 16 was prompted by us reviewing. 17 MR. ATKINS: Right. Yeah. Like I said, I've 18 been showing him my log. 19 MS. KELLER: But prior to that had you been 20 showing him your log quarterly? 21 MR. ATKINS: I've been doing the program 22 through him and keeping him advised of what's going</p>



<p>17</p> <p>1 on, showing him, you know, the information that I was</p> <p>2 keeping. Like I said, the only limitation we had on</p> <p>3 that was the weight lifting. But as far as the</p> <p>4 walking, and we were trying to get some other type of</p> <p>5 cardiovascular exercises there at the park going too.</p> <p>6 MS. BUCCELLO: Andy, I am concerned about the</p> <p>7 exercise program, because when you initially came</p> <p>8 before the Board in 2002, you didn't really have an</p> <p>9 exercise program then. And from what we've seen on</p> <p>10 your log, your exercise program is very minimal. It's</p> <p>11 30 minutes of walking three times a week.</p> <p>12 MR. ATKINS: Well, that's why I started</p> <p>13 increasing it.</p> <p>14 MS. BUCCELLO: You started increasing it</p> <p>15 after we told you you were going to have to come back</p> <p>16 to this Board.</p> <p>17 MR. ATKINS: Well, like I stated, you know,</p> <p>18 there's never been a formal or a program set up</p> <p>19 saying, okay, we need to do this, this and this. So I</p> <p>20 started doing that on my own at home, like I said with</p> <p>21 my treadmill I bought.</p> <p>22 And what I was doing is starting off at that</p>	<p>19</p> <p>1 twice a year, but we're trying do it six times a year.</p> <p>2 MR. POWELL: And this is what the park</p> <p>3 program suggests.</p> <p>4 What do other employees in the park do as far</p> <p>5 as what do they comply with, and who do they follow up</p> <p>6 with to ensure that the fitness standards are --</p> <p>7 there's compliance with fitness standards?</p> <p>8 MR. ATKINS: I believe that would be the</p> <p>9 chief ranger's office. I'm not sure.</p> <p>10 MR. POWELL: You're not sure who the fitness</p> <p>11 coordinator is?</p> <p>12 MR. ATKINS: Like I said, I believe the</p> <p>13 deputy chief is the coordinator, but I believe the</p> <p>14 chief ranger actually signs the paperwork or whatever.</p> <p>15 I'm not exactly sure how that works.</p> <p>16 MR. POWELL: And the issue prior is that he</p> <p>17 was supposed to report quarterly to whom?</p> <p>18 MS. BUCCELLO: He was supposed to -- in his</p> <p>19 initial waiver and in his subsequent renewal:</p> <p>20 "You must participate in a regular exercise</p> <p>21 program approved by your supervisor and</p> <p>22 physician. Documentation on your exercise</p>
<p>18</p> <p>1 time, the 30 minutes, but now instead of doing it</p> <p>2 time-wise, I'm doing it distance-wise. And I'm trying</p> <p>3 to get up to around three-mile endurance. Right now</p> <p>4 that's my goal is to try to get up to three miles.</p> <p>5 MR. POWELL: What does your physical fitness</p> <p>6 coordinator do in the park, and what are the standards</p> <p>7 that you understand that are set for that?</p> <p>8 MR. ATKINS: Well, the physical fitness</p> <p>9 coordinator I believe is the deputy chief. I'm not</p> <p>10 exactly sure. We have three or four people in the</p> <p>11 park that give the PEB, one of them being a ranger in</p> <p>12 my district, Jeff Penny.</p> <p>13 And after our last PEB and our discussion, he</p> <p>14 gave me a sheet of trying to increase the PEB-selected</p> <p>15 exercises that we do or selected tests that we do, the</p> <p>16 agility run, the mile and a half, the stretching and,</p> <p>17 like, I said the weight lifting, I do that through</p> <p>18 Dr. Martin.</p> <p>19 So he has set up, you know, how he would like</p> <p>20 to see it be increased over a certain amount of time.</p> <p>21 Right now my supervisor is trying to do a PEB test</p> <p>22 once every other month. We're only required to do it</p>	<p>20</p> <p>1 program and progress must be provided to</p> <p>2 your supervisor quarterly."</p> <p>3 MR. POWELL: Okay.</p> <p>4 MR. ATKINS: And like I said, part of that</p> <p>5 went along with extra testings we were doing, because</p> <p>6 that allows our supervisors to watch us through our</p> <p>7 improvements increasing or decreasing.</p> <p>8 MS. BUCCELLO: Andy, do you think your</p> <p>9 diabetes is in control?</p> <p>10 MR. ATKINS: I believe my diabetes is under</p> <p>11 control with the work that I'm doing with Sherry</p> <p>12 Martin. I know that in my testing that some of my</p> <p>13 scores are above the normal range. But every time,</p> <p>14 like I said, I go and have my meter downloaded, we</p> <p>15 discuss it and she tweaks my computer.</p> <p>16 She calls me up and says, Okay, move these</p> <p>17 numbers here and move those numbers there. And she's</p> <p>18 explained to me that this is going to be an ongoing</p> <p>19 process for the rest of my life maybe.</p> <p>20 I know that there's a couple times when the</p> <p>21 numbers have been high, 300 plus. But if you look at</p> <p>22 it, immediately they come back down. I know when you</p>

<p>21</p> <p>1 all called up and asked about there was one section of</p> <p>2 numbers there that were really low. But if you also</p> <p>3 looked at my exercise log, which we talked about, I</p> <p>4 had the flu for two weeks. I was in bed. And my</p> <p>5 numbers stayed below 80. I had the flu. I wasn't</p> <p>6 eating, and I wasn't retaining much food.</p> <p>7 DR. SALADINO: What were the symptoms? When</p> <p>8 you say you had the flu, you mean respiratory?</p> <p>9 Gastrointestinal?</p> <p>10 MR. ATKINS: It was fever, throwing up, going</p> <p>11 to the bathroom constantly.</p> <p>12 DR. SALADINO: So you had gastrointestinal.</p> <p>13 MR. ATKINS: Yeah, the full-bore flu. The</p> <p>14 only thing I didn't really have was the high fever. I</p> <p>15 had one of those low-grade. It stayed about 100 for</p> <p>16 about four days.</p> <p>17 DR. SALADINO: So you had fever, vomiting,</p> <p>18 diarrhea?</p> <p>19 MR. ATKINS: That stuff.</p> <p>20 DR. SALADINO: Pretty gut-wrenching stuff.</p> <p>21 See, I thought that was unusual, because the stress of</p> <p>22 that sort of an illness would often increase the blood</p>	<p>23</p> <p>1 get low like that, I can start to feel the twitching</p> <p>2 and start to feel that my body is not exactly right.</p> <p>3 And when I go in I'll take a test -- you'll</p> <p>4 notice some of those tests are done at weird hours</p> <p>5 too. I would take my meter and do my test. And if I</p> <p>6 need something, my regimen for sick days -- such as</p> <p>7 today, I'm drinking straight orange juice, which is</p> <p>8 sugar and carbs. But if you're not eating right, you</p> <p>9 need to supplement it some way. When I'm doing that,</p> <p>10 Dr. Martin's regimen is fruit juices or straight sodas</p> <p>11 that may be 2 ounces a glass until your sugars can</p> <p>12 come back up.</p> <p>13 DR. SALADINO: When is the last time you saw</p> <p>14 Dr. Martin?</p> <p>15 MR. ATKINS: I just went to her -- it was</p> <p>16 last month -- I've got it right here on the records</p> <p>17 y'all requested. That date was -- January 25th of '05</p> <p>18 was my last appointment with Dr. Martin.</p> <p>19 DR. SALADINO: That was the last time you saw</p> <p>20 her. And she made some adjustments in your insulin.</p> <p>21 I think she increased the insulin doses?</p> <p>22 MR. ATKINS: Well, she -- like I said, she</p>
<p>22</p> <p>1 sugar, even if you don't eat. Sugar is stored in your</p> <p>2 liver and breaks down when you're sick or when you're</p> <p>3 stressed.</p> <p>4 So I was worried about it looks like three</p> <p>5 weeks there, late January to mid February, you had</p> <p>6 almost daily low blood-sugar readings. But you didn't</p> <p>7 miss any time from work?</p> <p>8 MR. ATKINS: No, sir. Like I said,</p> <p>9 documenting on my log from about February the 8th</p> <p>10 through the whole next week, I was basically down and</p> <p>11 out, staying at home, staying in bed.</p> <p>12 DR. SALADINO: So you did miss work.</p> <p>13 MR. ATKINS: But that's for the flu not for</p> <p>14 the diabetes.</p> <p>15 DR. SALADINO: No, I know, but you did miss</p> <p>16 work? You took some sick leave?</p> <p>17 MR. ATKINS: Yeah, I took some time off then.</p> <p>18 DR. SALADINO: Um-hm. How did you feel when</p> <p>19 you had -- it's a lot of low readings there. How did</p> <p>20 you feel when you had 30, 39, 47, 42, you know, on</p> <p>21 your glucose log there?</p> <p>22 MR. ATKINS: I can -- well, when I start to</p>	<p>24</p> <p>1 moves the numbers. So if you go on --</p> <p>2 DR. SALADINO: She moved them up in late</p> <p>3 January, increased --</p> <p>4 MR. ATKINS: Well, if you look at January '05</p> <p>5 compared to July of '04, you can see the way the</p> <p>6 numbers change.</p> <p>7 DR. SALADINO: Yeah. So when you saw her in</p> <p>8 late January, she adjusted your insulin for you to</p> <p>9 take more.</p> <p>10 MR. ATKINS: Right.</p> <p>11 DR. SALADINO: January 25th.</p> <p>12 MR. ATKINS: And part of that is due to the</p> <p>13 level of my A 1 Cs from my last test which was at 9.4.</p> <p>14 So she adjusts that. We're finding that my</p> <p>15 mid-morning sugars usually are running a little bit</p> <p>16 high right now where my late sugars are not. The</p> <p>17 first test I usually take early in the morning is</p> <p>18 okay, but then my blood test I take will be more</p> <p>19 elevated than she likes, so she would change those</p> <p>20 numbers over.</p> <p>21 DR. SALADINO: So the last time you saw her</p> <p>22 was January 25th. That morning, shortly after</p>

000853

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

7 (Pages 25 to 28)

<p>25</p> <p>1 midnight, you had a 30, according to your log.</p> <p>2 January 25th, 2005, 12:49 a.m. you had a 30 shortly</p> <p>3 after midnight. Then 4:48 a.m., the rest of the day</p> <p>4 you were over 200. And then within a couple of</p> <p>5 days -- let's see here, you got the flu February, but</p> <p>6 January 31st you had a 39 at 8:00 a.m.?</p> <p>7 MS. BUCCELLO: A 19 on February 12th.</p> <p>8 MR. ATKINS: Now, some of those numbers, if</p> <p>9 you notice, some tests are done, and then a few</p> <p>10 minutes later -- I don't know if some of those logs</p> <p>11 are done -- I'll take another test. Because if I get</p> <p>12 a number that's really off -- like that test is done</p> <p>13 at 5:01 and I waited five minutes and took another</p> <p>14 test to see if that number was true or there was</p> <p>15 something going on with --</p> <p>16 MS. BUCCELLO: Well, it's still 36.</p> <p>17 MR. ATKINS: Yeah.</p> <p>18 DR. SALADINO: A lot of low readings.</p> <p>19 Did you call Dr. Martin while you were sick?</p> <p>20 MR. ATKINS: Yes. That's what I said, I let</p> <p>21 them know what was going on. Actually I talked to her</p> <p>22 nurse Shelley and let her know what was going on.</p>	<p>27</p> <p>1 low and they'll start to show signs of almost like</p> <p>2 being intoxicated where they'll start to act like</p> <p>3 they've been drinking or whatever, and do all the</p> <p>4 classic symptoms of that. And I've never had any</p> <p>5 problems like that.</p> <p>6 DR. SALADINO: But you don't feel too bad</p> <p>7 when you get those low readings.</p> <p>8 MR. ATKINS: No.</p> <p>9 DR. SALADINO: Well, what does she want you</p> <p>10 to do when you have a 35 or 40? What does Dr. Martin</p> <p>11 want you to do?</p> <p>12 MR. ATKINS: Well, like I said, go ahead and</p> <p>13 either drink some fluids or something that will get</p> <p>14 the sugars up quickly, or if I'm at home or something</p> <p>15 instead of at work or whatever, I may eat a couple</p> <p>16 peanut-butter crackers, and that will usually do okay.</p> <p>17 But like I said, I've never had a situation</p> <p>18 where I've needed to immediately slam on the car. And</p> <p>19 like I said, I carry in my kit -- I carry my</p> <p>20 emergency -- whatever you call it -- glucose tablets.</p> <p>21 They've still got the original seal on them. I don't</p> <p>22 even know how old they are. I've never had to use</p>
<p>26</p> <p>1 DR. SALADINO: Did they make some</p> <p>2 adjustments -- looks like you saw her on the 25th, and</p> <p>3 it wasn't too much later before you started showing up</p> <p>4 with a lot of low readings here. I guess --</p> <p>5 MR. ATKINS: And I called them and let them</p> <p>6 know because -- I thought I had that with me. I just</p> <p>7 went and did a download at her office. Like I said, I</p> <p>8 thought it was just last month.</p> <p>9 DR. SALADINO: And how do you feel when your</p> <p>10 blood sugar is 40 or 36? Twitchy?</p> <p>11 MR. ATKINS: You know, I can feel it in my</p> <p>12 body if it's starting to get low. That's why I say,</p> <p>13 if I start to feel something like that, I can do my</p> <p>14 test right then. But it doesn't cause me any</p> <p>15 problems.</p> <p>16 DR. SALADINO: It doesn't cause you a problem</p> <p>17 if you're 40 or 36?</p> <p>18 MR. ATKINS: I've never had any -- you</p> <p>19 know --</p> <p>20 DR. SALADINO: You tolerate it pretty well.</p> <p>21 MR. ATKINS: So far. Like I said, I've never</p> <p>22 had it to where -- diabetics will sometimes get too</p>	<p>28</p> <p>1 them.</p> <p>2 DR. SALADINO: Never used one.</p> <p>3 MR. ATKINS: Never used them.</p> <p>4 DR. SALADINO: What else have you got in</p> <p>5 there that's got sugar?</p> <p>6 MR. ATKINS: Well, I mean, like I said, I</p> <p>7 carry my granola bars. And the one thing I carry is</p> <p>8 my emergency gluco-gun injector. And I've had --</p> <p>9 DR. SALADINO: Never used that?</p> <p>10 MR. ATKINS: Never used it. The only think I</p> <p>11 ever do with this is once they expire, I give it to my</p> <p>12 wife and say, "Here, practice, but don't stick me."</p> <p>13 So she's the one who's going to have to give it to me,</p> <p>14 but I've never used it.</p> <p>15 DR. SALADINO: So did you take sick leave</p> <p>16 when you had the nausea -- when you had the fever, the</p> <p>17 vomiting, the diarrhea?</p> <p>18 MR. ATKINS: Yeah.</p> <p>19 DR. SALADINO: How much sick leave did you</p> <p>20 take between February 8th and February 18th? Did you</p> <p>21 miss the whole time or --</p> <p>22 MR. ATKINS: No, no, no. I think I was out</p>

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

8 (Pages 29 to 32)

<p style="text-align: right;">29</p> <p>1 of work maybe three or four days. I don't recall.</p> <p>2 DR. SALADINO: So a lot of those days you</p> <p>3 worked with 40s, 34s, 49, but you didn't feel like --</p> <p>4 you didn't feel like you could eat, but you didn't</p> <p>5 feel that bad from the readings.</p> <p>6 MR. ATKINS: Well, and also, like I said,</p> <p>7 with my numbers and everything, and when I'm sick I</p> <p>8 eat real light anyway. But I didn't have any</p> <p>9 problems.</p> <p>10 DR. SALADINO: Now this week you have</p> <p>11 bronchitis?</p> <p>12 MR. ATKINS: Yeah, I developed it Friday. In</p> <p>13 fact, I went to the doctor Saturday morning and said I</p> <p>14 was coming up here and I needed something, so -- my</p> <p>15 physician.</p> <p>16 DR. SALADINO: How did your sugars look over</p> <p>17 the weekend?</p> <p>18 MR. ATKINS: They're doing fine. They're</p> <p>19 probably a little bit on the low side also because I'm</p> <p>20 not eating as much. Like I said, with Sherry's last</p> <p>21 programs for my computer, it's basically for my diet.</p> <p>22 But I've been off a little bit on my food. That's</p>	<p style="text-align: right;">31</p> <p>1 medication worked like half, 50/50, but my blood</p> <p>2 sugars were still way out of whack then.</p> <p>3 DR. SALADINO: Do you know what the</p> <p>4 hemoglobin A1C is? Do you know what that blood test</p> <p>5 means?</p> <p>6 MR. ATKINS: It's basically, the way I</p> <p>7 understand it, a three-month average of my hemoglobin</p> <p>8 that's in my blood.</p> <p>9 DR. SALADINO: Glucose that's in your blood?</p> <p>10 MR. ATKINS: The glucose, yeah, my blood</p> <p>11 sugars.</p> <p>12 DR. SALADINO: And you know it's been running</p> <p>13 high going back --</p> <p>14 MR. ATKINS: Well, I mean it was high, like I</p> <p>15 said, for a while, and then it got down low again when</p> <p>16 I first did this. It slowly crept back up. The last</p> <p>17 test was what, 9.3?</p> <p>18 DR. SALADINO: The one before that was over</p> <p>19 10 in July of 2004 right before you had your Park</p> <p>20 Service physical.</p> <p>21 MR. ATKINS: So -- and now, like I said,</p> <p>22 we're working getting it back down. That's why I told</p>
<p style="text-align: right;">30</p> <p>1 why, like I say, I'm drinking regular juice this</p> <p>2 morning instead of a sugar-free beverage to make sure</p> <p>3 my sugars don't get too low.</p> <p>4 DR. SALADINO: You were diagnosed with the</p> <p>5 diabetes in '87.</p> <p>6 MR. ATKINS: Um-hm.</p> <p>7 DR. SALADINO: You started the pump in 2001.</p> <p>8 MR. ATKINS: Um-hm.</p> <p>9 DR. SALADINO: When did you start insulin?</p> <p>10 Right away? 1987?</p> <p>11 MR. ATKINS: No, I was on -- oh, gosh, I</p> <p>12 can't remember the name of the oral pill. Anyway.</p> <p>13 DR. SALADINO: Oral pill?</p> <p>14 MR. ATKINS: Yeah, it was an oral medication.</p> <p>15 DR. SALADINO: Until when?</p> <p>16 MR. ATKINS: Until about maybe six months,</p> <p>17 approximately. I don't recall.</p> <p>18 DR. SALADINO: And that didn't work, so you</p> <p>19 had to go on insulin.</p> <p>20 MR. ATKINS: Well, what happened was, is my</p> <p>21 pancreas continued to make the insulin, but it just --</p> <p>22 I mean, quickly my body stopped using it. So the oral</p>	<p style="text-align: right;">32</p> <p>1 Sherry I wanted to aggressively work on that to get it</p> <p>2 back to where it needs to be.</p> <p>3 DR. SALADINO: You saw her January 25th.</p> <p>4 When did she want you to come back again?</p> <p>5 MR. ATKINS: Well, like I said, I just went</p> <p>6 and did a meter downread just before I came up here.</p> <p>7 DR. SALADINO: Just now? Three months later?</p> <p>8 MR. ATKINS: Probably it was like last month.</p> <p>9 I'm sorry I don't have those records. But, yeah, I</p> <p>10 just went and did one with her, and she tweaked the</p> <p>11 numbers.</p> <p>12 DR. SALADINO: So she saw you in late</p> <p>13 January, and when did she want you to come back?</p> <p>14 MR. ATKINS: My next appointment is I think</p> <p>15 the first of August. But I do go -- what I do is two</p> <p>16 times a year I go for a full exam, then two times a</p> <p>17 year I go for just medicals, which is A1Cs.</p> <p>18 But if anytime I need to, I can go and she'll</p> <p>19 do a meter downread and tweak my numbers on my pump.</p> <p>20 And so I actually go into her office four times a</p> <p>21 year.</p> <p>22 DR. SALADINO: I didn't see -- she sent a</p>



<p style="text-align: right;">33</p> <p>1 nice letter there in late January -- actually, it was</p> <p>2 dated March 28th looking back to late January. I</p> <p>3 didn't see where she checked your feet. Did she check</p> <p>4 your feet in January?</p> <p>5 MR. ATKINS: Oh, yeah, yeah, she does that.</p> <p>6 DR. SALADINO: She doesn't tell us about</p> <p>7 that.</p> <p>8 MR. ATKINS: No, I've had no problems with</p> <p>9 that. In fact, I saw a podiatrist -- let's see --</p> <p>10 about June of 2003 I was visiting my mother and she</p> <p>11 had to go, so I just asked him to have a look. And</p> <p>12 there's no problems.</p> <p>13 DR. SALADINO: What did they do besides look?</p> <p>14 What does Dr. Martin do for your feet?</p> <p>15 MR. ATKINS: Well, obviously she checks them</p> <p>16 and makes sure -- for possible cracking or any nail</p> <p>17 problems or anything like that.</p> <p>18 DR. SALADINO: So she looks at them.</p> <p>19 MR. ATKINS: She looks at them, takes a</p> <p>20 pulse.</p> <p>21 DR. SALADINO: Takes a pulse, okay.</p> <p>22 MR. ATKINS: Makes sure they have circulation</p>	<p style="text-align: right;">35</p> <p>1 you?</p> <p>2 MR. ATKINS: No, no, no, I went and had a</p> <p>3 meter downread.</p> <p>4 MS. BUCCELLO: And what was the date on that?</p> <p>5 MR. ATKINS: I believe it was right here at</p> <p>6 the end of March, and --</p> <p>7 MS. BUCCELLO: And you haven't provided that</p> <p>8 to us?</p> <p>9 MR. ATKINS: I neglected -- I just checked</p> <p>10 through all the stuff that I brought, and I didn't --</p> <p>11 I don't see where I brought that part. But like I</p> <p>12 said, I brought everything else, and I thought I had</p> <p>13 that with me.</p> <p>14 MS. BUCCELLO: Will you be sure to get that</p> <p>15 back to Tammy?</p> <p>16 MR. ATKINS: Yeah. It may be in this stack</p> <p>17 here. Because like I said, I went in there and asked</p> <p>18 for a recent meter reading.</p> <p>19 Let me just look real quick here. Oh, wait a</p> <p>20 minute. Wait, wait, wait, wait, wait. Yeah, here we</p> <p>21 go. Here we go. I'm sorry, I do have it.</p> <p>22 MS. KELLER: Andy, when you say that you go</p>
<p style="text-align: right;">34</p> <p>1 and, you know, fusses at me if I come walking in in my</p> <p>2 cowboy boots.</p> <p>3 DR. SALADINO: Does she take a wire or a</p> <p>4 brush and run it over your foot or under your foot?</p> <p>5 MR. ATKINS: She's done that periodically,</p> <p>6 but that's not something she does all the time.</p> <p>7 DR. SALADINO: Not recently.</p> <p>8 MR. ATKINS: No.</p> <p>9 DR. SALADINO: Did the podiatrist do that?</p> <p>10 MR. ATKINS: He looked at it and did all</p> <p>11 that, yeah. He took and tickled the bottom of my foot</p> <p>12 and everything.</p> <p>13 DR. SALADINO: What did he tickle it with?</p> <p>14 MR. ATKINS: It was some sort of wooden stick</p> <p>15 or something he had. I think it's one of those things</p> <p>16 they use for their ears but you turn it around; there</p> <p>17 was no cotton on it or whatever.</p> <p>18 DR. SALADINO: Not a wire?</p> <p>19 MR. ATKINS: No, uh-uh. Well, not that I</p> <p>20 know of. I was talking to him while he was doing it.</p> <p>21 MS. BUCCELLO: Andy, what was the date you</p> <p>22 said you had a recent A1C but you didn't bring it with</p>	<p style="text-align: right;">36</p> <p>1 in twice to see her and then twice more for blood</p> <p>2 draws, are you getting blood draws four times a year?</p> <p>3 MR. ATKINS: Yeah. But what I said was two</p> <p>4 times a year it's for a full exam, two times a year</p> <p>5 it's just labs only.</p> <p>6 MS. KELLER: Right, okay. But labs four</p> <p>7 times a year.</p> <p>8 MR. ATKINS: Yeah.</p> <p>9 And here's all the rest of the stuff you all</p> <p>10 requested too.</p> <p>11 MS. BUCCELLO: Just because we don't have</p> <p>12 copies for the group, I'm going to go ahead and read</p> <p>13 them the comments, then I'll give it to Dr. Saladino.</p> <p>14 MR. ATKINS: Sure.</p> <p>15 MS. BUCCELLO: The comments on your most</p> <p>16 latest, which was 3-14 to 4-13:</p> <p>17 "Overall 49 percent of the readings are in</p> <p>18 the target range with a few hypo- and</p> <p>19 hyperglycemic incidents. Your overall</p> <p>20 average is 128. You've had seven episodes</p> <p>21 of very low blood glucose within the last</p> <p>22 31 days, and one episode of very high blood</p>

000861

<p>37</p> <p>1 glucose."</p> <p>2 We'll get you a copy of that.</p> <p>3 MR. ATKINS: Thank you.</p> <p>4 DR. SALADINO: Is there any diabetes in your</p> <p>5 family? Parents? Aunts? Uncles? Brothers?</p> <p>6 Sisters?</p> <p>7 MR. ATKINS: There was none that anybody</p> <p>8 could remember, and then within 30 days myself and my</p> <p>9 cousin in Georgia were both diagnosed. And neither</p> <p>10 one of us met any of the criteria for it. It just all</p> <p>11 of a sudden happened. I don't know why.</p> <p>12 DR. SALADINO: Is he older or younger?</p> <p>13 MR. ATKINS: She's -- let's see, at the time</p> <p>14 she was 16, and she's about what 15 years younger than</p> <p>15 me. In fact, her blood sugars really went out the</p> <p>16 roof, and she had a lot of problems because she</p> <p>17 literally didn't weigh anything, and they couldn't</p> <p>18 even give her injections because she didn't have any</p> <p>19 skin on her bones.</p> <p>20 MR. BURNETT: She was a cousin on your</p> <p>21 mother's side or father's side?</p> <p>22 MR. ATKINS: On my mother's side.</p>	<p>39</p> <p>1 except for my one cousin. But as far as friends, oh,</p> <p>2 yes. I know quite a few people. several people I work</p> <p>3 with have been diagnosed. Several people I go to</p> <p>4 church with.. A good friend of mine who's a lawyer is</p> <p>5 diabetic, and he's had a couple problems mainly</p> <p>6 because he's tried to diagnose himself. He one of</p> <p>7 these people who reads everything and does everything.</p> <p>8 He's actually had a couple of bad episodes.</p> <p>9 DR. SALADINO: Do you know that diabetes is</p> <p>10 the most common cause of blindness in the United</p> <p>11 States?</p> <p>12 MR. ATKINS: Um-hm, diabetes is getting hold</p> <p>13 of a lot of things. It's one of the fastest growing</p> <p>14 disabilities if not the fastest right now.</p> <p>15 DR. SALADINO: Most common cause of blindness</p> <p>16 in the United States.</p> <p>17 Do you know anybody who's lost a toe or a</p> <p>18 foot or a leg to diabetes?</p> <p>19 MR. ATKINS: Not yet.</p> <p>20 DR. SALADINO: The guy in the church hasn't?</p> <p>21 MR. ATKINS: No, he's just been diagnosed,</p> <p>22 oh, gosh, about six years ago.</p>
<p>38</p> <p>1 But prior to that, none that my family can</p> <p>2 remember as far back as we know.</p> <p>3 DR. SALADINO: She uses insulin too?</p> <p>4 MR. ATKINS: Yeah, she's on insulin. She was</p> <p>5 put in insulin immediately.</p> <p>6 DR. SALADINO: How's she doing now?</p> <p>7 MR. ATKINS: Oh, she's doing great.</p> <p>8 DR. SALADINO: But she had a lot of problems</p> <p>9 initially.</p> <p>10 MR. ATKINS: Initially, yeah. Mainly because</p> <p>11 of her size and her body weight. I mean, she was 16</p> <p>12 years old and weighed like a hundred pounds. She</p> <p>13 could eat 10 raisins and her blood sugars would just</p> <p>14 go up to 400. So she had problems. But she's doing</p> <p>15 great now, under control, just graduated college, got</p> <p>16 her own job and doing great.</p> <p>17 DR. SALADINO: Do you know any other</p> <p>18 diabetics, anyone else who uses insulin?</p> <p>19 MR. ATKINS: Oh, yes. As a matter of fact, I</p> <p>20 work with a couple.</p> <p>21 DR. SALADINO: Friends or relatives?</p> <p>22 MR. ATKINS: Well, like I said, no relatives</p>	<p>40</p> <p>1 DR. SALADINO: Because there's a big study</p> <p>2 called the DCCT, Diabetes Clinical Control Trial, that</p> <p>3 correlates some of these complications with the</p> <p>4 hemoglobin A1C. The higher the hemoglobin A1C the</p> <p>5 more likely you are to wind up with nerve damage in</p> <p>6 your feet, damage in your eyes.</p> <p>7 MR. ATKINS: Right.</p> <p>8 DR. SALADINO: A big correlation, a good</p> <p>9 study. DCCT. You should ask your doctor about -- you</p> <p>10 should ask Dr. Martin, "What is DCCT?" Ask her to</p> <p>11 explain that to you.</p> <p>12 MR. ATKINS: Well, the podiatrist I went to,</p> <p>13 he was explaining some of that to me. Because the</p> <p>14 problems with diabetes and their feet. And he was</p> <p>15 telling me that if you keep your A1Cs down to</p> <p>16 approximately 6.4, if you maintain 6.4, which is a</p> <p>17 perfect range in a perfect world, 80 percent of the</p> <p>18 diabetic problems with feet could be eliminated.</p> <p>19 That's his belief.</p> <p>20 DR. SALADINO: I don't know if it has to be</p> <p>21 6.4, but every point you drop, every bit you improve</p> <p>22 your control -- but you've been diabetic for 19 years.</p>

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

11 (Pages 41 to 44)

<p style="text-align: right;">41</p> <p>1 MR. ATKINS: Um-hm.</p> <p>2 DR. SALADINO: And your retina was pretty</p> <p>3 good. Retinal exam was pretty good.</p> <p>4 MR. ATKINS: In fact, I brought a copy of</p> <p>5 my -- Dr. Mothershed is my optometrist now. My</p> <p>6 stepfather was before, basically when I was born. But</p> <p>7 Dr. Mothershed is taking care of me now. He was</p> <p>8 referred to me by Dr. Martin because he works with</p> <p>9 diabetics. And I see him once a year for a full exam</p> <p>10 with x-rays, or with the pictures taken.</p> <p>11 DR. SALADINO: Were you surprised by these</p> <p>12 low readings that you had in late January, early to</p> <p>13 mid February when you were sick? Did that worry you?</p> <p>14 MR. ATKINS: Well, like I say, when I get</p> <p>15 sick, my numbers tend to go down anyway if I'm not</p> <p>16 feeling good, so . . .</p> <p>17 DR. SALADINO: And you can't manage that?</p> <p>18 You're not capable of cutting back on your insulin?</p> <p>19 MR. ATKINS: Yeah.</p> <p>20 DR. SALADINO: Dr. Martin didn't give you</p> <p>21 something to get you out of that in a hurry?</p> <p>22 MR. ATKINS: Well, what you can do is if you</p>	<p style="text-align: right;">43</p> <p>1 where I got low was at weird hours too. I think a</p> <p>2 couple of them were early, early in the morning, which</p> <p>3 that's another thing. When I have low readings I'll</p> <p>4 wake up. And I'll go do a test right there in my</p> <p>5 kitchen and stand there and drink half a coke or</p> <p>6 whatever. I guess my body just tells me time to get</p> <p>7 up and do something.</p> <p>8 DR. SALADINO: So you do feel it when you're</p> <p>9 42 or 47 or --</p> <p>10 MR. ATKINS: Well, yeah, you can feel your</p> <p>11 system. I mean, like I said, you start to get a</p> <p>12 little shaking, you'll start to maybe just feel -- I</p> <p>13 don't know how to explain it all together.</p> <p>14 DR. SALADINO: Did you know that sometimes</p> <p>15 diabetics lose that feeling after 20 years? They stop</p> <p>16 feeling the lows until they get like very low?</p> <p>17 MR. ATKINS: I know that -- such as the</p> <p>18 friend of mine who's the lawyer, he's under such</p> <p>19 perfect control with his -- I mean his blood sugars</p> <p>20 stay at about 110. He does exact same regimen every</p> <p>21 single day. And he did not realize when he hit a</p> <p>22 really low low, and, in fact, he's blacked out twice</p>
<p style="text-align: right;">42</p> <p>1 know that -- well, you might not know it, but if you</p> <p>2 think you're going to be sick for a period of time,</p> <p>3 you can go through and reprogram your pump to do a</p> <p>4 alternate bolus where it actually goes in boluses a</p> <p>5 little bit less, and then when you're done you can</p> <p>6 reprogram it back out.</p> <p>7 DR. SALADINO: Right. But you didn't do that</p> <p>8 in late January, early February?</p> <p>9 MR. ATKINS: Like I said, I've never had any</p> <p>10 problems with needing to do that, and I've never</p> <p>11 experienced it where I needed to use that program in</p> <p>12 the computer. And like I said, I informed her, and</p> <p>13 she's like, "Well, just do your testing and see what</p> <p>14 happens." And when it would get low, like I said,</p> <p>15 some juice or --</p> <p>16 DR. SALADINO: How low does -- did she write</p> <p>17 down how low you should take action?</p> <p>18 MR. ATKINS: Well, on her scale once you get</p> <p>19 below 80, that's below the normal range. Then once</p> <p>20 you get down to 60, that's when you need to start</p> <p>21 thinking about doing something.</p> <p>22 But if you notice some of those readings</p>	<p style="text-align: right;">44</p> <p>1 that I know of where's he's had to be rushed to the</p> <p>2 hospital.</p> <p>3 DR. SALADINO: That's what I'm worried about,</p> <p>4 that maybe you're not feeling these lows. Feeling</p> <p>5 twitchy; I don't know.</p> <p>6 MR. ATKINS: Like I said, when I feel that, I</p> <p>7 have my stuff with me that I take. But I've never had</p> <p>8 the problem to where I've needed to, you know, use my</p> <p>9 emergency tablets or use my emergency gluco-gun.</p> <p>10 Well, your gluco-gun is for if somebody finds you.</p> <p>11 But, you know, I've had those tablets for years and</p> <p>12 I've never had any problems.</p> <p>13 MS. BUCCELLO: Phil, did you have a question?</p> <p>14 MR. SPOTTSWOOD: When he's finished.</p> <p>15 DR. SALADINO: Go ahead. I'm going to look</p> <p>16 at the glucose log.</p> <p>17 MR. SPOTTSWOOD: I guess for the Board's</p> <p>18 sake, Andy, I just want to put something in proper</p> <p>19 context for you. I know you spent a couple of minutes</p> <p>20 sort of explaining to the Board through yourself and</p> <p>21 testimonials of other rangers that you've never had</p> <p>22 any problems relating to your diabetes.</p>

<p>45</p> <p>1 One thing -- one of the reasons that you're</p> <p>2 here is No. 1 is that the absence of documented</p> <p>3 real-life situations regarding low blood-sugar levels</p> <p>4 does not minimize safety risks and certainly doesn't</p> <p>5 minimize the concerns that the National Park Service</p> <p>6 has with regards to your ability to perform the full</p> <p>7 range of law-enforcement duties safely and</p> <p>8 efficiently.</p> <p>9 Right now there's a well-documented record</p> <p>10 that suggests that there's a pattern of repeated and</p> <p>11 significant blood sugar fluctuations. And the</p> <p>12 question is whether or not that is prima facie</p> <p>13 evidence that your condition is not static and</p> <p>14 stabilized.</p> <p>15 And right now, if you look at our</p> <p>16 regulations, your condition is not static and</p> <p>17 stabilized. And you've spent a couple minutes sort of</p> <p>18 indicating to the Board how you're trying to maintain</p> <p>19 your blood-sugar levels, but you don't go into any</p> <p>20 explanation as to why you're having these continued</p> <p>21 problems.</p> <p>22 An insulin pump is designed to optimize or</p>	<p>47</p> <p>1 shift work that we do or stuff that we might have done</p> <p>2 that our numbers will be off a little bit.</p> <p>3 With me, I know that my A1Cs were up, and I</p> <p>4 told her I needed to get my A1Cs down. And she knows</p> <p>5 that, and she fussed at me about it. I said, "I know</p> <p>6 it went up and I need to get it back down again."</p> <p>7 So with the numbers that she's giving me, it</p> <p>8 may be that she is working through the pump to get my</p> <p>9 numbers, A1Cs back down to the 7-point range. Then</p> <p>10 once I've gotten back down there to where I should be,</p> <p>11 she'll back off again.</p> <p>12 She has made a check on my readings, my meter</p> <p>13 readings, and seeing where, okay, mid morning is where</p> <p>14 my problem is right now. So that's why we need to</p> <p>15 increase the bolusing on the pump right then.</p> <p>16 DR. SALADINO: Or decrease the bolusing.</p> <p>17 MR. ATKINS: Or excuse me, decreasing it, or,</p> <p>18 you know, whatever we need to work on. And yes, she's</p> <p>19 explained to me, "Okay, yeah, you need to work this."</p> <p>20 As I stated, we'll talk about the podiatrist with</p> <p>21 problems like that, with your feet, with your eye, you</p> <p>22 know, with basic health all the way around.</p>
<p>46</p> <p>1 maximize your ability to maintain good control.</p> <p>2 Despite the use of an insulin pump, you're still</p> <p>3 having problems.</p> <p>4 So the question is, have you adequately</p> <p>5 modified your lifestyle to meet the demands of this</p> <p>6 particular condition? I don't know.</p> <p>7 So instead of concentrating on what you're</p> <p>8 doing to bring your diabetes under control, has your</p> <p>9 doctor ever given you an explanation as to why,</p> <p>10 despite medical intervention, despite the use of an</p> <p>11 insulin pump, despite dietary restrictions, despite</p> <p>12 advice to get into shape, you're still having</p> <p>13 difficulty maintaining blood-sugar levels in a good</p> <p>14 control level? Can you answer some of those</p> <p>15 questions? Why?</p> <p>16 MR. ATKINS: Dr. Martin and I, as I stated,</p> <p>17 when I go to see her, we have discussions on what I</p> <p>18 need to be doing and what exactly is going on, and if</p> <p>19 there's any new type of work that I can do.</p> <p>20 You know, with regards to the pump, like I</p> <p>21 said, if you look every time I go to see her, we move</p> <p>22 numbers. I know it's a problem sometimes because of</p>	<p>48</p> <p>1 Is that what you mean or --</p> <p>2 MR. SPOTTSWOOD: I was just trying to perhaps</p> <p>3 get a better understanding from you as to why your</p> <p>4 physician thought that in light of all the things that</p> <p>5 your doctor is trying to do with you, coupled with an</p> <p>6 insulin pump, you know, that you're still having these</p> <p>7 significant fluctuations, and fluctuations you know</p> <p>8 that, quite candidly, is giving the National Park</p> <p>9 Service some serious concern.</p> <p>10 And I think -- and I don't know if you've</p> <p>11 achieved that optimum level of control at this point,</p> <p>12 and I guess that's what the Board is trying to come to</p> <p>13 grips with.</p> <p>14 MR. ATKINS: I don't know if you can. I</p> <p>15 mean, the optimum control would be, such as I stated</p> <p>16 with the friend who's a lawyer. He does a job, he</p> <p>17 goes to work every day at the same time, eats the</p> <p>18 exact same meals every single day at the exact same</p> <p>19 times. And he has A1Cs at 6.0, 5.8 whatever. And</p> <p>20 that's someone who -- his regime that he does for</p> <p>21 himself, he can keep his sugars right then.</p> <p>22 Being with me, if I go in at 6:00 a.m., I'll</p>



<p style="text-align: right;">49</p> <p>1 have breakfast at 5:00 a.m. If I go in at 1:30 in the 2 afternoon, I may not have breakfast until 9 o'clock. 3 MR. SPOTTSWOOD: So you're attributing some 4 of your difficulties to the shift work. 5 MR. ATKINS: Well, I don't want to contribute 6 (sic) -- 7 MR. SPOTTSWOOD: Protracted hours? Irregular 8 hours? 9 MR. ATKINS: Well, I don't want to contribute 10 it or make an excuse about it. I'm just stating that 11 if my numbers look off for a period of time with, 12 okay, these mornings all your numbers are real low. 13 Well, why is that? Well, that's because I was eating 14 dinner at 4:30 in the afternoon because I'd eaten 15 breakfast real early the day before. 16 Or if you go through and you look at it and 17 say, okay, how come your bedtime readings are all 200, 18 well, I didn't eat dinner until 9 o'clock because I 19 went in on duty at 1:30. That's not an excuse, it 20 just may simply be that's the way it's happening with 21 me and the way my body reacts to it. 22 And also, unfortunately doing what a lot of</p>	<p style="text-align: right;">51</p> <p>1 me. I'll pack a sandwich or something like that. I 2 don't do many fruits because my triglycerides were 3 high for a while. I'm on medication for that. But A 4 lot of times we are able to go out to get lunch or 5 something like that. Sometimes we're not. It all 6 depends. 7 DR. SALADINO: So you do bring your lunch 8 with you? 9 MR. ATKINS: I'll bring it sometimes if I 10 know I'm going to be the only one working. 11 DR. SALADINO: Not regularly though. You're 12 more likely to rely on what you can find when you can 13 find it? 14 MR. ATKINS: Well, being that my office and 15 my home is right there in town, literally my office is 16 within almost walking distance of numerous decent 17 restaurants, I'll do that a lot of times. 18 But if I know I'm going to be the only one 19 working and it's going to be a Saturday where I may 20 not have time to run in to town to get something, I'll 21 throw together a sandwich and something in my cooler 22 and put it in the car or do whatever. It just</p>
<p style="text-align: right;">50</p> <p>1 law-enforcement people do is our diet's not exactly 2 the greatest thing in the world, because if you're on 3 patrol and you're the only one working, you can't 4 exactly go someplace and have a decent meal. So you 5 run through a fast-food place. 6 Or if you're working on something, you may go 7 through someplace and try to get something that's 8 halfway decent. Part of my problem with that is I'm 9 allergic to poultry, so I can't eat chicken. I can't 10 go grab a light chicken sandwich or something. 11 But that's not to make an excuse. I'm just 12 stating that may be why some of that -- doing that 13 way. So with Dr. Martin and her regimen, she's trying 14 to work with me and educating me on how to do what I 15 need to do along with programming the computer, 16 telling it how to help me out the best. 17 But, you know, as I stated, I haven't had any 18 problems yet. 19 DR. SALADINO: So you don't bring food with 20 you to work. 21 MR. ATKINS: I keep my kit with my snacks and 22 stuff. Like with my lunches, I'll have my lunch with</p>	<p style="text-align: right;">52</p> <p>1 depends. 2 DR. SALADINO: How many rangers work at your 3 park? 4 MR. ATKINS: Work at the park? 5 DR. SALADINO: Yeah. How many per shift? 6 MR. ATKINS: Well, there's 30 rangers that 7 work the Natchez Trace Parkway. We cover 444 miles. 8 There's six rangers work in my district, but right now 9 there's only two of them on duty because we have two 10 vacancies and of course I'm on light duty, so . . . 11 DR. SALADINO: So when you're at work on full 12 duty, how many people do you talk on the radio to, or 13 how many people are out there if something happens? 14 Who's your backup? 15 MR. ATKINS: Oh. As far as backup goes -- I 16 know that was one of the things in my last waiver. 17 The five counties that we work in, I'd be willing to 18 bet that 75 to 80 percent of the time that we get an 19 emergency call such as a wreck or something like that 20 happening, we will have to move them out of our way to 21 get to it, even if I'm in town or even if it's in the 22 county I'm working in.</p>

<p style="text-align: right;">53</p> <p>1 As far as EMS goes, you can't sling a rock in</p> <p>2 Mississippi without hitting somebody with a little red</p> <p>3 light in their truck. So we got EMS everywhere.</p> <p>4 As far as working in some of the counties</p> <p>5 that are outside the main lead county where I work,</p> <p>6 the counties there I've had no problems at all getting</p> <p>7 assistance. In fact, A lot of times we'll call them</p> <p>8 up and say, "Okay, there's a disabled car on the side</p> <p>9 of the road 30 miles away," they'll be there before I</p> <p>10 will just to check to make sure there's nobody there</p> <p>11 that needs help or something.</p> <p>12 Q How many other park rangers?</p> <p>13 A As far as rangers go, sometimes there will be</p> <p>14 three others on, sometimes you'll be the only one. We</p> <p>15 do shift work from 6:00 a.m. to 10:00 p.m. on weekdays</p> <p>16 and 6:00 a.m. to midnight on weekends.</p> <p>17 So it depends. Sometimes you can be</p> <p>18 working -- and sometimes we ride together and a lot of</p> <p>19 times we're in cars by ourselves. It never is the</p> <p>20 same.</p> <p>21 DR. SALADINO: This is page 1 of your blood</p> <p>22 glucose log from March 14th to April 13th. So that's</p>	<p style="text-align: right;">55</p> <p>1 MR. ATKINS: I'll do, but then also if it's a</p> <p>2 weekday, I'll more likely go home for dinner. I mean,</p> <p>3 like I said, I live almost in sight of the park.</p> <p>4 DR. SALADINO: Who cooks? You cook or your</p> <p>5 wife cooks?</p> <p>6 MR. ATKINS: It just depends. Most of the</p> <p>7 time she can do the microwave stuff, I can do the</p> <p>8 actual meals. But usually when I go home I'll do a</p> <p>9 Lean Cuisine or something like that.</p> <p>10 DR. SALADINO: You gained about 20 pounds</p> <p>11 between your exam in 2001 and your exam in the summer</p> <p>12 of 2004. Did you realize that?</p> <p>13 MR. ATKINS: No, and in fact Dr. Martin told</p> <p>14 me, she said she would have bet money that I would</p> <p>15 have done that. She said when somebody is on the pump</p> <p>16 and they're trying to tweak it, their weight is going</p> <p>17 to go up. And she sees it all the time when someone</p> <p>18 that's first on the pump and they're getting their</p> <p>19 blood sugars back around, that they gain an average of</p> <p>20 about 15 pounds.</p> <p>21 And I've asked her about, you know, "What can</p> <p>22 I do to lose weight," and she says, okay, well, one</p>
<p style="text-align: right;">54</p> <p>1 from -- your meter prints that out for you, right?</p> <p>2 MR. ATKINS: Right, well --</p> <p>3 DR. SALADINO: You plug your meter into the</p> <p>4 computer.</p> <p>5 MR. ATKINS: I give it to them and they take</p> <p>6 it to the back of the office. I don't -- Dr. Martin</p> <p>7 does it.</p> <p>8 DR. SALADINO: Dr. Martin's office prints</p> <p>9 this out for you?</p> <p>10 MR. ATKINS: Yeah.</p> <p>11 DR. SALADINO: So between March 14th and</p> <p>12 April 13th, there were seven episodes where your blood</p> <p>13 sugar was below 50 in that just about one-month</p> <p>14 period, seven times.</p> <p>15 And I'm looking at the mid morning where you</p> <p>16 mentioned that's particularly difficult for you. The</p> <p>17 mid morning varies from 40 to 232. I'll just read</p> <p>18 some of them: 132, 105, 232, 142, 84, 204, 40, 124,</p> <p>19 97, 77. That's a lot of variability in a short span</p> <p>20 of time.</p> <p>21 When you work late, do you bring dinner with</p> <p>22 you? Do you bring food to eat from home or --</p>	<p style="text-align: right;">56</p> <p>1 thing is the aerobic stuff. That's fine with her.</p> <p>2 There's no limitation on that. The only limitation</p> <p>3 she has on me is the weight lifting. And I've asked</p> <p>4 her about, you know, supplements and things like that.</p> <p>5 And unfortunately if you look at a lot of your</p> <p>6 supplements and stuff, they have high cholesterols.</p> <p>7 DR. SALADINO: So you're not on any more --</p> <p>8 no more pills for the diabetes. Some people use</p> <p>9 insulin and pills.</p> <p>10 MR. ATKINS: Oh, no, no, no, no, no.</p> <p>11 DR. SALADINO: But you're on pills for the</p> <p>12 triglycerides.</p> <p>13 MR. ATKINS: Yes. Actually there's two. One</p> <p>14 is Diovan and one is Tricor and I have no idea --</p> <p>15 DR. SALADINO: Diovan probably for your blood</p> <p>16 pressure and your kidney protection --</p> <p>17 MR. ATKINS: Well, the kidneys, yeah.</p> <p>18 DR. SALADINO: -- and Tricor for your</p> <p>19 triglycerides.</p> <p>20 MR. ATKINS: Yeah.</p> <p>21 MS. BUCCELLO: Andy, are there any</p> <p>22 accommodations to your job that you think the agency</p>

<p style="text-align: right;">57</p> <p>1 could work with you on that would help you bring your 2 medical condition under control? You've mentioned 3 shift work, you know, your eating habits, et cetera. 4 But are there some accommodations the agency should 5 consider? 6 MR. ATKINS: Not -- I didn't come prepared to 7 think about something like that. I don't know, 8 because I don't know exactly what could be done. I 9 mean, I guess that could be something that could be 10 worked out with my supervisor and whatever else can be 11 done with him working for the chief's office through 12 your office if that's something that needs to be done 13 that way, or if it's just something that my supervisor 14 just needs to have me do. What do you mean, like 15 working 8:00 to 4:30 every day, something like that? 16 MS. BUCCELLO: Well, I'm asking you if you 17 have a recommendation of something that would make 18 your illness, your condition, more readily controlled. 19 You mentioned diet and how sometimes it's 20 difficult for you to get a healthy meal. A couple 21 times you've said something about shift work, but then 22 you said, "Well, that's not an excuse." So I just</p>	<p style="text-align: right;">59</p> <p>1 working with her that way. 2 So I think working with her office, working 3 with her office, and as I stated, do something with an 4 exercise program set up by the park or whatever that 5 is approved through either y'all or through the park 6 and then through her, maybe something like that, I 7 don't know. Whatever needs to be done. 8 MR. SPOTTSWOOD: Andy, how long have you been 9 on the pump? 10 MR. ATKINS: I started 2000 I believe it is. 11 DR. SALADINO: 2001. 12 MR. ATKINS: 2001? 13 MR. SPOTTSWOOD: And I think the term you 14 used, "tweaking," so you're still tweaking that pump 15 to get the right levels? Is that -- 16 MR. ATKINS: Oh, yeah. Well, like I stated 17 in the records -- let me see if I can show you one. 18 This is just a copy, and the last numbers there at the 19 very bottom show you the military time midnight to 20 4:00 a.m., 4:00 a.m. to whatever, that's Sherry 21 Martin's numbers that I am to program into the 22 computer. And so each time I go to her office and she</p>
<p style="text-align: right;">58</p> <p>1 want to be sure that I'm hearing you right that you're 2 not asking the agency for an accommodation. 3 MR. ATKINS: Well, like I said, you can say 4 stuff like it's shift work or it's working in the 5 summertime in the heat or working in the wintertime in 6 the cold weather, something like that, or stating that 7 it's working 8:00 to 4:30 which you're not working at 8 night when all the quote, unquote, bad stuff is out 9 and dealing with stuff like that, or you're not 10 working the call-outs late at night 2:00, 3 o'clock in 11 the morning, stuff like that. 12 I don't know if that is something that needs 13 to be addressed, because I don't know if that would be 14 part of the control. Right now the best thing, as I 15 stated, working with Sherry and just continue to do 16 what she's telling me to do and trying to it worked 17 out better. 18 Like I stated, I think right now she's trying 19 to help me get my AICs back down to where they need to 20 be. Yes, they did get up high, but now the last two 21 tests they've starting to come back down. Last time I 22 worked really hard and got it down to 7.3 and I was</p>	<p style="text-align: right;">60</p> <p>1 looks at my numbers, she'll say, okay, and she'll call 2 me up and leave a message. "Let's move these 3 numbers," let's increase or decrease where it needs to 4 be done. 5 MR. SPOTTSWOOD: I mean, I hope you really 6 appreciate the park's concerns. And again, I'm not a 7 Park Service employee. I'm just part of their 8 Advisory Committee. 9 One of the concerns is that you've got to be 10 able to react and respond appropriately in 11 time-sensitive situations, and it requires the ability 12 to use good judgment. 13 Even though you've got rescue meds, always 14 remember that there is a lag time between the time you 15 take a particular rescue medication and the time for 16 that to act on your system. 17 So in essence, if there was a critical 18 situation that required your involvement and you had 19 low blood-sugar and you took a candy bar, it really 20 wouldn't be of any value. You'd pretty much be 21 incapacitated if there was a significant issue. 22 And I guess what the Board is struggling with</p>

<p>61</p> <p>1 is trying to get a medical explanation as to why, 2 despite all these efforts, you still have these 3 significant fluctuations in the precipitous range. 4 And I guess that's what we're struggling with right 5 now. 6 MR. ATKINS: Yeah, and I know, and it's stuff 7 that I'm dealing with, it's stuff that I'm dealing 8 with with my doctor. And she'll fuss at me too when I 9 go in and she does a reading and there's a number of 10 300. She'll say, "Why?" 11 MR. SPOTTSWOOD: Why is she fussing at you? 12 What is she fussing at you about? 13 MR. ATKINS: That is, "Why did you have a 300 14 today?" 15 MR. SPOTTSWOOD: And what do you say to her? 16 MR. ATKINS: It may be a situation to where, 17 you know, I've been riding around and, you know, I'll 18 eat something that -- I'll eat a pack of crackers 19 thinking my sugar is low. So I'll just go ahead and 20 eat a pack of crackers. Okay, fine. My blood sugar 21 -- and I'll feel fine again. I won't even test. I'll 22 just say, "Okay, I feel my body not working right" so</p>	<p>63</p> <p>1 Is it an issue of patient compliance, perhaps you're 2 not doing all you can possibly do to modify your 3 lifestyle in order to meet a medical condition for 4 which there is no cure? 5 The best you can hope to achieve is good 6 control, good control to minimize the short-term 7 complications and slow down the hastening of those 8 long-term complications that invariably unfortunately 9 will catch up to you. 10 And the unfortunate part about not 11 maintaining good control is that there is a hastening 12 of those long-term complications, and I'm sure your 13 doctor will agree with that. So that's why I'm 14 raising these issues with you. 15 MR. ATKINS: Well, like I said, I'm trying to 16 do what they're telling me to do. I know that 17 sometimes I don't do exactly what -- I do what I'm 18 supposed to do, but sometimes I'll do it at the wrong 19 time, or sometimes I'll do what I'm not supposed to 20 do. Sometimes, you know, it just doesn't work out, 21 but -- 22 MR. SPOTTSWOOD: You're light duty.</p>
<p>62</p> <p>1 I'll do something like that. 2 Well, hour and a half later when it's time 3 for my dinner meal or it's time for my lunch meal, 4 I'll do my test and it's 300. And I'll say, "What is 5 that?" Then I'll think back. Well, dummy, you just 6 ate a pack of crackers hour and a half ago. 7 MR. SPOTTSWOOD: So she's probably in some 8 ways suggesting that you're not doing all you can to 9 maximize your efforts to maintain good control. I 10 mean, is that fair to say that? 11 MR. ATKINS: Well, it's an education. It's 12 an ongoing process that I have to do. I mean, like I 13 said, I've been diabetic now since 1987, and it's 14 something that is constantly changing. 15 MR. SPOTTSWOOD: But it can't be a lifetime 16 education. There has to be some point in time when 17 those low blood-sugar levels become fewer and fewer. 18 Right now if you were to say seven out of four weeks, 19 that's 25 percent of every month that you've got these 20 low blood-sugar levels. And that's not insignificant. 21 So anyway. And that's what the Board is 22 struggling with, trying to get a handle on the whys.</p>	<p>64</p> <p>1 MR. ATKINS: Um-hm. 2 MR. SPOTTSWOOD: You haven't been doing any 3 shift work. 4 MR. ATKINS: I haven't been doing anything. 5 DR. SALADINO: When did you go on light duty? 6 MR. ATKINS: 3 weeks ago or so, something 7 like that. 8 MR. SPOTTSWOOD: How has your blood-sugar 9 level been during that period of light duty? 10 MR. ATKINS: It's been -- 11 MS. BUCCELLO: 321 going on light duty, so 12 it's included that log that we have from 4-14. 13 MR. ATKINS: They've been good. That's the 14 ready that I just went and had. Like I said, I've 15 been on light duty for that period of time and so I 16 went and got a meter reading which shows that the 17 majority of my blood sugars are in the good range. 18 Yes, there's some bad ones and yes, there's some good 19 ones. 20 And I've also attempted to increase my 21 exercising too, which is also -- your blood sugars 22 will fluctuate on those also.</p>

000867



<p>65</p> <p>1 I'm trying to get my A1Cs down, so I'm</p> <p>2 consciously cutting out your long-term carbs, your</p> <p>3 starchy carbs and stuff like that.</p> <p>4 So my blood sugars right now, they're running</p> <p>5 on the medium to little bit of low side, but I'm</p> <p>6 trying to get my A1Cs back down to where they need to</p> <p>7 be, and I'm trying to not have super high readings or,</p> <p>8 you know, not doing something that would cause that.</p> <p>9 Like I said, I've been on light duty. I've</p> <p>10 been mainly sitting in the office doing dispatch work</p> <p>11 and working on a patrol car. So I haven't been doing</p> <p>12 any shift work, any night work, anything like that.</p> <p>13 So we'll see how the numbers are there. But that's</p> <p>14 why I went and got that meter reading, for that part</p> <p>15 of it.</p> <p>16 MS. BUCCELLO: Thanks, Andy.</p> <p>17 MR. BURNETT: You said you were red-carded.</p> <p>18 When was the last date of your red card?</p> <p>19 MR. ATKINS: Last time I was a red-carded</p> <p>20 fire fighter?</p> <p>21 MR. BURNETT: Yeah.</p> <p>22 MR. ATKINS: When I was up here the last</p>	<p>67</p> <p>1 years and, as the doctor stated, 20 pounds ago. So</p> <p>2 I'm trying to get it back down. But last time I was</p> <p>3 here when I could do full duty, I believe it was 44.</p> <p>4 I've never been a fast walker like that.</p> <p>5 DR. SALADINO: Have you ever had a treadmill</p> <p>6 stress test --</p> <p>7 MR. ATKINS: No.</p> <p>8 DR. SALADINO: -- where you go to the</p> <p>9 cardiologist's or doctor's office and they monitor</p> <p>10 your heart while you're exercising?</p> <p>11 MR. ATKINS: I've never done that.</p> <p>12 DR. SALADINO: So Dr. Martin never brought</p> <p>13 that up? Because you're a man over 40. Male over 40,</p> <p>14 diabetes. Stress test has never been done?</p> <p>15 MR. ATKINS: No.</p> <p>16 DR. SALADINO: Do you have a primary care</p> <p>17 doctor too?</p> <p>18 MR. ATKINS: Um-hm. That's the one I just</p> <p>19 went to for my bronchitis, Dr. Walton. And he's never</p> <p>20 diagnosed that either, I mean, he's never prescribed</p> <p>21 that. Don't they do that with medication now instead</p> <p>22 of treadmills? I thought they give you medication.</p>
<p>66</p> <p>1 time. '92.</p> <p>2 MS. BUCCELLO: 2002.</p> <p>3 MR. BURNETT: 2002?</p> <p>4 MR. ATKINS: Excuse me.</p> <p>5 MR. BURNETT: Do you remember what your time</p> <p>6 was for your pack test?</p> <p>7 MR. ATKINS: Oh, good grief.</p> <p>8 MS. BUCCELLO: We have his most recent PEB</p> <p>9 results.</p> <p>10 MR. BURNETT: What I'm trying to do is equate</p> <p>11 being able to do the pack test, which is a fairly</p> <p>12 strenuous test. It's fast walking with a 40-pound</p> <p>13 pack --</p> <p>14 MR. ATKINS: They don't want me to do that</p> <p>15 right now either.</p> <p>16 MR. BURNETT: -- Versus trying to build up to</p> <p>17 three miles on the treadmill without a pack, which</p> <p>18 seems to me should be fairly easy. So if you were</p> <p>19 able to pass the pack test -- granted that's been</p> <p>20 three years now, hasn't it -- versus the treadmill.</p> <p>21 And I'm trying to see that in my mind.</p> <p>22 MR. ATKINS: Part of that is it's been three</p>	<p>68</p> <p>1 DR. SALADINO: Only if you can't exercise.</p> <p>2 Only if you've got like a bad leg or if you just can't</p> <p>3 exercise at all, or if you have a -- sometimes if your</p> <p>4 EKG is abnormal they'll give you chemicals and take</p> <p>5 pictures.</p> <p>6 MR. ATKINS: Yeah. I've never had that.</p> <p>7 I've taken my physicals, and they've never requested</p> <p>8 it or prescribed it, so I've never done that.</p> <p>9 MS. KELLER: Andy, I would like to make</p> <p>10 copies of what you brought.</p> <p>11 MR. ATKINS: These are your copies.</p> <p>12 MS. KELLER: They are? Thank you.</p> <p>13 MR. ATKINS: As I stated, it's got all of</p> <p>14 Dr. Martin's stuff that you requested.</p> <p>15 MS. KELLER: Thank you.</p> <p>16 MR. ATKINS: And the last couple things in</p> <p>17 there are some letters and my PEB stuff. And he's got</p> <p>18 a couple of the pages.</p> <p>19 MS. BUCCELLO: Thanks for coming, Andy. I</p> <p>20 know it was not something you looked forward to,</p> <p>21 coming back here.</p> <p>22 MR. ATKINS: Well, I just wanted to come up</p>

000868

<p>69</p> <p>1 and tell my side of the story. Sorry I got lost. I</p> <p>2 misunderstood what building I needed to be in.</p> <p>3 MS. ROWE: Any other questions for Andy? I</p> <p>4 can escort him out.</p> <p>5 MR. DAVIES: You want to go off the record?</p> <p>6 MS. BUCCELLO: Yeah, we can go off the</p> <p>7 record.</p> <p>8 (The hearing was concluded at 11:00 a.m.)</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	
<p>70</p> <p>1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC</p> <p>2 I, Denice Zelma Lombard, Certified Shorthand</p> <p>3 Reporter and Registered Professional Reporter, the</p> <p>4 officer before whom the foregoing proceedings were</p> <p>5 taken, do hereby certify that the foregoing transcript</p> <p>6 is a true and correct record of the proceedings; that</p> <p>7 said proceedings were taken by me stenographically and</p> <p>8 thereafter reduced to typewriting under my</p> <p>9 supervision; and that I am neither counsel for,</p> <p>10 related to, nor employed by any of the parties to this</p> <p>11 case and have no interest, financial or otherwise, in</p> <p>12 its outcome.</p> <p>13 IN WITNESS WHEREOF, I have hereunto set my</p> <p>14 hand and affixed my notarial seal this 5th day of May</p> <p>15 2005.</p> <p>16 My commission expires April 30, 2008.</p> <p>17</p> <p>18</p> <p>19 _____</p> <p>20 NOTARY PUBLIC IN AND FOR</p> <p>21 THE DISTRICT OF COLUMBIA</p> <p>22</p>	<p>000869</p>

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

70

CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

I, Denice Zelma Lombard, Certified Shorthand Reporter and Registered Professional Reporter, the officer before whom the foregoing proceedings were taken, do hereby certify that the foregoing transcript is a true and correct record of the proceedings; that said proceedings were taken by me stenographically and thereafter reduced to typewriting under my supervision; and that I am neither counsel for, related to, nor employed by any of the parties to this case and have no interest, financial or otherwise, in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this 5th day of May 2005.

My commission expires April 30, 2008.

*Denice Z. Lombard*

NOTARY PUBLIC IN AND FOR  
THE DISTRICT OF COLUMBIA

HEARING OF DAVID ANDY ATKINS  
CONDUCTED ON MONDAY, APRIL 25, 2005

71

A				
<b>ability</b> 45:6 46:1 60:11 <b>able</b> 51:4 60:10 66:11,19 <b>abnormal</b> 68:4 <b>about</b> 10:13 15:1 17:6 21:1,3,15 21:16 22:4,9 30:16 33:6,10 37:14 39:22 40:9 42:21 43:20 44:3 47:5 47:20 49:10 54:13 55:10,20 55:21 56:4 57:7 57:21 61:12 63:10 <b>above</b> 20:13 <b>absence</b> 45:2 <b>accommodation</b> 58:2 <b>accommodations</b> 56:22 57:4 <b>according</b> 25:1 <b>achieve</b> 63:5 <b>achieved</b> 48:11 <b>act</b> 27:2 60:16 <b>acting</b> 4:4 5:14 <b>action</b> 42:17 <b>actual</b> 10:1 55:8 <b>actually</b> 19:14 25:21 32:20 33:1 39:8 42:4 56:13 <b>addressed</b> 58:13 <b>adequately</b> 46:4 <b>adjusted</b> 24:8 <b>adjustments</b> 23:20 26:2 <b>adjusts</b> 24:14 <b>administrator</b> 3:14 6:4 <b>advice</b> 46:12 <b>advised</b> 16:22 <b>Advisors</b> 4:3 <b>Advisory</b> 60:8 <b>aerobic</b> 56:1	<b>affixed</b> 70:14 <b>after</b> 17:15 18:13 24:22 25:3 43:15 <b>afternoon</b> 49:2,14 <b>again</b> 7:19 12:8 13:11 31:15 32:4 47:6,11 60:6 61:21 <b>agency</b> 56:22 57:4 58:2 <b>Agent-in-Charge</b> 3:10 <b>aggressively</b> 32:1 <b>agility</b> 18:16 <b>ago</b> 8:13 12:15 39:22 62:6 64:6 67:1 <b>agree</b> 63:13 <b>ahead</b> 27:12 36:12 44:15 61:19 <b>Alert</b> 9:22 <b>allergic</b> 50:9 <b>allow</b> 9:18 <b>allows</b> 20:6 <b>almost</b> 22:6 27:1 51:16 55:3 <b>along</b> 20:5 50:15 <b>already</b> 6:8 <b>alternate</b> 42:4 <b>always</b> 60:13 <b>amend</b> 13:9 <b>amount</b> 18:20 <b>Analyst</b> 4:12 <b>Andy</b> 1:5 3:3 5:5 5:11 6:16 13:14 14:7 17:6 20:8 34:21 35:22 44:18 56:21 59:8 65:16 68:9 68:19 69:3 <b>another</b> 25:11,13 43:3 <b>answer</b> 46:14 <b>anybody</b> 13:6,7 37:7 39:17 <b>anyone</b> 38:18	<b>anything</b> 11:12 13:5 33:17 37:17 64:4 65:12 <b>anytime</b> 11:8 32:18 <b>anyway</b> 8:10 29:8 30:12 41:15 62:21 <b>anywhere</b> 11:11 <b>apologize</b> 8:6 <b>appeal</b> 5:5 <b>APPEAL/WAI...</b> 1:10 <b>appointment</b> 23:18 32:14 <b>appreciate</b> 60:6 <b>appropriately</b> 60:10 <b>approval</b> 14:1 <b>approved</b> 15:6 16:6 19:21 59:5 <b>approximately</b> 30:17 40:16 <b>April</b> 1:13 53:22 54:12 70:16 <b>arduous</b> 14:11 <b>area</b> 11:5 <b>armorers</b> 11:20 <b>around</b> 5:9 18:3 34:16 47:22 55:19 61:17 <b>arrival</b> 7:8 <b>asked</b> 21:1 33:11 35:17 55:21 56:3 <b>asking</b> 57:16 58:2 <b>assignments</b> 14:12 <b>assist</b> 9:15 <b>assistance</b> 53:7 <b>ate</b> 62:6 <b>Atkins</b> 1:5 3:3 5:5 5:13 6:13,17,20 7:18 8:2,5 12:4 13:15 14:13,17 14:20 15:10,13 15:18 16:9,13	16:17,21 17:12 17:17 18:8 19:8 19:12 20:4,10 21:10,13,19 22:8,13,17,22 23:15,22 24:4 24:10,12 25:8 25:17,20 26:5 26:11,18,21 27:8,12 28:3,6 28:10,18,22 29:6,12,18 30:6 30:8,11,14,16 30:20 31:6,10 31:14,21 32:5,8 32:14 33:5,8,15 33:19,22 34:5,8 34:10,14,19 35:2,5,9,16 36:3 36:8,14 37:3,7 37:13,22 38:4,7 38:10,19,22 39:12,19,21 40:7,12 41:1,4 41:14,19,22 42:9,18 43:10 43:17 44:6 46:16 47:17 48:14 49:5,9 50:21 51:9,14 52:4,6,15 54:2,5 54:10 55:1,6,13 56:10,13,17,20 57:6 58:3 59:10 59:12,16 61:6 61:13,16 62:11 63:15 64:1,4,6 64:10,13 65:19 65:22 66:4,7,14 66:22 67:7,11 67:15,18 68:6 68:11,13,16,22 <b>attempted</b> 64:20 <b>attributing</b> 49:3 <b>August</b> 32:15 <b>Aunts</b> 37:5 <b>average</b> 31:7 36:20 55:19	<b>away</b> 30:10 53:9 <b>a.m</b> 1:14 25:2,3,6 48:22 49:1 53:15,16 59:20 59:20 69:8 <b>A1C</b> 31:4 34:22 40:4,4 <b>A1Cs</b> 32:17 40:15 47:3,4,9 48:19 58:19 65:1,6  <hr/> <b>B</b> <b>back</b> 6:9 9:14 17:15 20:22 23:12 31:13,16 31:22 32:2,4,13 33:2 35:15 38:2 41:18 42:6 47:6 47:9,10,11 54:6 55:19 58:19,21 62:5 65:6 67:2 68:21 <b>backup</b> 52:14,15 <b>bad</b> 27:6 29:5 39:8 58:8 64:18 68:2 <b>bar</b> 60:19 <b>bars</b> 28:7 <b>basic</b> 47:22 <b>basically</b> 6:14,20 8:13 13:12 22:10 29:21 31:6 41:6 <b>bathroom</b> 21:11 <b>became</b> 8:20 <b>become</b> 62:17 <b>bed</b> 8:7 21:4 22:11 <b>bedtime</b> 49:17 <b>before</b> 2:11 8:12 17:8 26:3 31:18 31:19 32:6 41:6 49:15 53:9 70:4 <b>behalf</b> 12:19 <b>being</b> 9:19 18:11 27:2 48:22 51:14 66:11 <b>belief</b> 40:19